

On-the-job Training Documentation
for
Procedure #: _____

Training Title: _____

EDS #: _____ **Group:** _____

Required by:

- ☐ New equipment/technology
- ☐ New operating procedure
- ☐ Updated/Revised procedure
- ☐ Personnel Change
- ☐ Initial Qualification
- ☐ Other: _____

Target Audience: _____

Trainee
Prerequisites: _____

ES&H Concerns: _____

PPE Used: _____

Originator Date

**On-the-job Training
Performance Evaluation Checklist
Procedure # _____**

Directions: Complete the table below with critical steps and knowledge requirements for this procedure.

Satisfactory Performance ✓ Date Completed	Unsatisfactory Performance ✓ Date Completed	Critical Job Steps or Knowledge Requirements

Walk Through/ _____ Z-Number _____ Date _____

Trainee _____ Z-Number _____ Date _____

Trainee has performed all critical job tasks and knowledge requirements to my satisfaction:

Instructor/Evaluator _____ Z-Number _____ Date _____